

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Hebrew Hospital Senior Housing Inc.**

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

DBA Westchester Meadows Continuing Care Retirement Community
DBA Fieldstone at Westchester Meadows

3. Debtor's federal Employer Identification Number (EIN) **13-3975534**

4. Debtor's address Principal place of business

55 Grasslands Road
Valhalla, NY 10595

Number, Street, City, State & ZIP Code

Westchester
County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **<http://www.westchestermeadows.org/>**

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership
☐ Other. Specify: _____

Debtor **Hebrew Hospital Senior Housing Inc.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

6233**8. Under which chapter of the Bankruptcy Code is the Debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	HHH Choices Health Plan LLC	Relationship to you	Affiliate
District	Southern District of New York	When	5/04/15
		Case number, if known	15-11158-mew

Debtor **Hebrew Hospital Senior Housing Inc.** Case number (if known) _____
Name

11. **Why is the case filed in this district?** *Check all that apply:*

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input checked="" type="checkbox"/> 200-999		

15. **Estimated Assets**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. **Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Hebrew Hospital Senior Housing Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signature**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 9, 2015**
MM / DD / YYYY**X /s/ Mary Frances Barrett**

Signature of authorized representative of debtor

Mary Frances Barrett

Printed name

Title **CEO****18. Signature of attorney****X /s/ Raymond L. Fink**

Signature of attorney for debtor

Date **December 9, 2015**

MM / DD / YYYY

Raymond L. Fink

Printed name

Harter Secrest & Emery LLP

Firm name

**1600 Bausch & Lomb Place
Rochester, NY 14604-2711**

Number, Street, City, State & ZIP Code

Contact phone **(585) 232-6500**

Email address

Bar number and State

Fill in this information to identify the case:

Debtor name Hebrew Hospital Senior Housing Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 9, 2015

X /s/ Mary Frances Barrett

Signature of individual signing on behalf of debtor

Mary Frances Barrett

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Hebrew Hospital Senior Housing Inc.**
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1199 SEIU Funds 330 West 42nd Street 27th Floor New York, NY 10036		Trade debt	Contingent Unliquidated			\$23,516,694.00
Akula, Rose c/o John Akula 5 Forest Street Cambridge, MA 02140		Entrance Fee Refund				\$316,800.00
Blumenthal, Julie c/o Mary Blumenthal-Lane 10 Donellan Road Scarsdale, NY 10583		Entrance Fee Refund				\$467,100.00
Clark, Ann c/o Peter Clark 123 Underhill Avenue Scarsdale, NY 10583		Entrance Fee Refund				\$499,500.00
Dragoon, Marion c/o Amy Rosen 364 Weaver Street Larchmont, NY 10538		Entrance Fee Refund				\$245,700.00
Duboff, Elizabeth c/o David Duboff 304 Orchard Hill Lane Brewster, NY 10509		Entrance Fee Refund				\$218,700.00
Follman, Judith c/o Amy Brooks 9 Greenridge Drive Chappaqua, NY 10514		Entrance Fee Refund				\$232,200.00
Frankel, Mirium 535 East 86th Street New York, NY 10028		Entrance Fee Refund				\$310,788.00

Debtor **Hebrew Hospital Senior Housing Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Gorelick, Herb c/o Judy Kamenstein 40 Overton Road Scarsdale, NY 10583		Entrance Fee Refund				\$358,723.00
Health Facility Assessment Fund Assessment Fund Admin PO Box 4757 Syracuse, NY 13221		Trade debt				\$112,630.00
Howard, Grace c/o Carl Howard 163 Millard Avenue Tarrytown, NY 10591		Entrance Fee Refund				\$221,400.00
Landry, Beverly 4983 Bacopa Lane South Saint Petersburg, FL 33715		Entrance Fee Refund				\$157,592.00
Lane, Estelle c/o Faye Ellen Lane 1 Strawberry Hill Ave, Apt. 1C Stamford, CT 06902		Entrance Fee Refund				\$398,700.00
Lang, Leo c/o Annie Lang 805 Mills Green Court Raleigh, NC 27609		Entrance Fee Refund				\$427,500.00
Nutrition Management Services Box 725 Kimberton Rd. Kimberton, PA 19442		Trade debt				\$202,396.85
Steiner, Thelma c/o Miriam Cohen 19 Deartree Lane Briarcliff Manor, NY 10510		Entrance Fee Refund				\$329,400.00
Tarshis, Suzette c/o Peter Tarshis 245 West 107th Street, #6B New York, NY 10025		Entrance Fee Refund				\$265,047.00
Town of Greenburgh Comptroller 17 Hillside Ave. White Plains, NY 10607		Trade debt				\$1,178,263.61

Debtor Hebrew Hospital Senior Housing Inc. Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Weiner, Ethel c/o Robert Weiner 360 East 72nd Street New York, NY 10021		Entrance Fee Refund				\$306,900.00
Zatz, Marvin 47 South Beach Drive Norwalk, CT 06853		Entrance Fee Refund				\$77,068.00

**United States Bankruptcy Court
Southern District of New York**

In re **Hebrew Hospital Senior Housing Inc.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 9, 2015**

Signature **/s/ Mary Frances Barrett**
Mary Frances Barrett

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Southern District of New York**

In re **Hebrew Hospital Senior Housing Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 9, 2015**

/s/ Mary Frances Barrett

Mary Frances Barrett/CEO

Signer/Title

1199 CHILD CARE FUND
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

1199 JOB SECURITY FUND
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

1199 NATIONAL BENEFIT FUND
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

1199 SEIU FUNDS
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

1199 SEIU LABOR MANAGEMENT
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

1199 SEIU POLITICAL ACTION FND
330 WEST 42ND ST.
27TH FL
NEW YORK, NY 10036

1199 TRAINING & UPGRADING
330 WEST 42ND STREET
27TH FLOOR
NEW YORK, NY 10036

A & C FURIA ELECTRIC MOTOR
75 LAFAYETTE AVE.
WHITE PLAINS, NY 10603

ACME AMERICAN REPAIRS
177-10 93RD AVE.
JAMAICA, NY 11433

ADHCC
ADULT DAY HEALTH CARE COUNCIL
13 BRITISH AMERICAN BLVD. #2
LATHAM, NY 12110

ADLER, AYTAN
50 ROSE HILL AVE.
NEW ROCHELLE, NY 10804

AKULA, ROSE
C/O JOHN AKULA
5 FOREST STREET
CAMBRIDGE, MA 02140

ALL DOOR & GARAGE INC.
17 NEPPERHAN AVE.
ELMSFORD, NY 10523

ALL SAFE FIRE PROTECTION, INC.
PO BOX 53
THORNWOOD, NY 10594

ALLSTATE PAINT & WALLCOVERING
177 MCLEAN AVE.
YONKERS, NY 10705

AQUA TECH RECREATION
15 ST. NICHOLAS AVE.
HEMPSTEAD, NY 11551

ARIES WINE & SPIRITS
128 WEST NEW YORK POST RD.
WHITE PLAINS, NY 10606

ATTORNEY GENERAL OF NEW YORK
ATTN: JAMES G. SHEEHAN
120 BROADWAY
NEW YORK, NY 10271

ATTRACTIVE AQUARIUMS
C/O GARY RAISMAN
10 MIDWAY LANE
LEVITTOWN, NY 11756

AUTOMATED CONTROL LOGIC, INC.
578 COMMERCE ST.
THORNWOOD, NY 10594

BEST - METROPOLITAN TWL & LIN
PO BOX 9004
HEMPSTEAD, NY 11551

BLACK BOX CORP
PO BOX 536503
PITTSBURGH, PA 15253-5907

BLEAKLEY, PLATT & SCHMIDT, LLP
ATTN: JOHN J. LOVELESS
ONE NORTH LEXINGTON AVENUE
WHITE PLAINS, NY 10601

BLUE CROSS BLUE SHEILD
PO BOX 11744
NEWARK, NJ 07101-4744

BLUMENTHAL, JULIE
C/O MARY BLUMENTHAL-LANE
10 DONELLAN ROAD
SCARSDALE, NY 10583

BROWN, DONALD
309 LANGDON AVE.
MOUNT VERNON, NY 10553

BROWN, PATRICIA
454 FRANKLIN AVE.
MOUNT VERNON, NY 10553

BUCHANAN INGERSOLL & ROONEY
ONE OXFORD CENTER
301 GRANT STREET 20TH FLOOR
PITTSBURGH, PA 15219-1410

CABLEVISION
1111 STEWART AVE.
BETHPAGE, NY 11714

CABLEVISION LIGHTPATH
P.O. BOX 360111
PITTSBURGH, PA 15251

CHEMSEARCH
23261 NETWORK PLACE
CHICAGO, IL 60673-1232

CLARK, ANN
C/O PETER CLARK
123 UNDERHILL AVENUE
SCARSDALE, NY 10583

CLASSIC CHEMICALS, INC.
616 MAIN ST.
FL. 2
REISTERSTOWN, MD 21136

CLEAN AIR QUALITY SERVICE INC.
161 BRADY AVE.
HAWTHORNE, NY 10532

COHNREZNICK LLP
ATTN: CHAD SHANDLER
1212 SIXTH AVENUE
NEW YORK, NY 10036-1600

COLEMAN, SHELBY WEBB
2147 HONEYWELL AVE.
APT. 6A
BRONX, NY 10460

CON EDISON
COOPER STATION
P.O. BOX 138
NEW YORK, NY 10276

CON EDISON
P.O. BOX 1701
NEW YORK, NY 10116-1702

CONNECTICUT BUSINESS SYSTEM
PO BOX 788760
PHILADELPHIA, PA 19178-8760

CORBETT, GERARD
PO BOX 608
BRONX, NY 10465

COUNTY OF WESTCHESTER IDA
ATTN: CHAIRMAN
148 MARITIME AVENUE
WHITE PLAINS, NY 10601

DALEY, MARION
2749 BRONXWOOD AVE.
BRONX, NY 10469

DAUENHAUER, WARREN
66-49 JAY AVENUE
MASPETH, NY 11378

DEMCO INC.
3800 LAKE SHORE RD.
BUFFALO, NY 14219

DERMARITE INDUSTRIES LLC
PO BOX 631
HAWTHORNE, NJ 07507

DIRECT ENERGY
P.O. BOX 905243
CHARLOTTE, NC 28290-5243

DLA PIPER LLP (US)
ATTN: THOMAS CALIFANO
1251 SIXTH AVENUE, 27TH FLOOR
NEW YORK, NY 10020-1104

DONE, BEGONA
769 GARDEN ST.
BRONX, NY 10460

DR. B.K. SURI
2 N. BROADWAY
WHITE PLAINS, NY 10601

DRAGOON, MARION
C/O AMY ROSEN
364 WEAVER STREET
LARCHMONT, NY 10538

DUBOFF, ELIZABETH
C/O DAVID DUBOFF
304 ORCHARD HILL LANE
BREWSTER, NY 10509

EASTVIEW SERVICE INC.
1160 KNOLLWOOD RD.
WHITE PLAINS, NY 10603

EHEALTH SOLUTIONS INC.
575 EIGHTH AVE.
15TH FL.
SCARSDALE, NY 10583

EPIC PRINTING
258 SAW MILL RIVER RD.
ELMSFORD, NY 10523

FIRST NATIONWIDE TITLE AGENCY
ATTN: JEFFREY TANEN
50 C. LINDBERGH BLVD, STE 600
UNIONDALE, NY 11553

FOLLETT CORP.
PO BOX 2806
PHILADELPHIA, PA 19178-2806

FOLLMAN, JUDITH
C/O AMY BROOKS
9 GREENRIDGE DRIVE
CHAPPAQUA, NY 10514

FRANKEL, MIRIUM
535 EAST 86TH STREET
NEW YORK, NY 10028

GENERAL ELECTRIC CO.
3135 EASTON TURNPIKE
FAIRFIELD, CT 06828

GERIATRIC SERVICES PC
3 BARKER AVE.
4TH FLOOR
WHITE PLAINS, NY 10601

GOODWIN PROCTER LLP
ATTN: MICHAEL H. GOLDSTEIN
620 EIGHTH AVENUE
NEW YORK, NY 10018

GORELICK, HERB
C/O JUDY KAMENSTEIN
40 OVERTON ROAD
SCARSDALE, NY 10583

GREAT AMERICAN BUSINESS PRODS
PO BOX 4422
HOUSTON, TX 77210

GREENBERG PUBLIC RELATIONS
14 PATRIOT CIRCLE
CLIFTON PARK, NY 12065

GROSS, PERRY
50 BELDIN AVE.
DOBBS FERRY, NY 10522

HAMLIN SENIOR MARKETING, LLC
25 CHESTNUT ST.
HADDONFIELD, NJ 08033

HARTER SECREST & EMERY LLP
1600 BAUSCH & LOMB PLACE
ROCHESTER, NY 14604

HARTFORD LIFE
ONE HARTFORD PLAZA
HARTFORD, CT 06155

HD SUPPLY FACILITIES MAINT
10641 SCIPPS SUMMIT COURT
SAN DIEGO, CA 92131

HEALTH FACILITY ASSESSMENT FUN
ASSESSMENT FUND ADMIN
PO BOX 4757
SYRACUSE, NY 13221

HEATH CARE EMPLOYEES PENSION
330 WEST 42ND ST.
27TH FL.
NEW YORK, NY 10036

HENDICKSON, ALTHEA
317 LAKESIDE RD.
NEWBURGH, NY 12550

HHH HOME CARE INC.
55 GRASSLANDS RD.
VALHALLA, NY 10595

HHH OF WESTCHESTER, INC.
ATTN: MARY FRANCES BARRETT
55 GRASSLANDS ROAD
VALHALLA, NY 10595

HI TOUCH BUSNIESS SERVICES
22 CENTURY BLVD, STE 420
NASHVILLE, TN 37214-3724

HOBART CORP
PO BOX 2517
CAROL STREAM, IL 60132-2517

HOWARD, GRACE
C/O CARL HOWARD
163 MILLARD AVENUE
TARRYTOWN, NY 10591

ID MEDICAL-AEQUOR
377 HOES LANE
SUITE 200
PISCATAWAY, NJ 08854

INDUSTRIAL UI SERVICES
20 SQUADRON BLVD., STE 101
PO BOX 825
NEW CITY, NY 10956

INTERSTATE FIRE & SAFETY
PO BOX 502
HARRISON, NY 10528

IPC THE HOSPITALIST COMPANY IN
P.O. BOX 844929
LOS ANGELES, CA 90084-4929

JBN 8891 CORP
P.O. BOX 739
47 BEEKMAN AVE.
TARRYTOWN, NY 10591

JOHNNY DARE MUSIC
PO BOX 111
PIERMONT, NY 10968

JOSEPH, JOANNE
3461 SEYMORE AVE.
APT. 1B
BRONX, NY 10469

KAUFMAN, KLARA
C/O MICHAEL KAUFMAN
41 POND HILL ROAD
CHAPPAQUA, NY 10514

KONICA MINOLTA
DEPT. AT 952823
ATLANTA, GA 31192

LANDRY, BEVERLY
4983 BACOPA LANE SOUTH
SAINT PETERSBURG, FL 33715

LANE, ESTELLE
C/O FAYE ELLEN LANE
1 STRAWBERRY HILL AVE, APT. 1C
STAMFORD, CT 06902

LANG, LEO
C/O ANNIE LANG
805 MILLS GREEN COURT
RALEIGH, NC 27609

LAPIS ADVISERS, LP
ATTN: KJERSTIN HATCH
12 FUNSTON AVENUE, SUITE A
SAN FRANCISCO, CA 94129

LARSEN, SUE
3 LAKE VIEW DRIVE NORTH
WHITE PLAINS, NY 10603

LAURA TOMAINO
151 STANDISH DR.
PEARL RIVER, NY 10965

LEADING AGE NEW YORK
13 BRITISH AMERICAN BLVD.
SUITE 2
LATHAM, NY 12110-1431

LEVY RATNER, P.C.
80 EIGHTH AVENUE
8TH FLOOR
NEW YORK, NY 10011

LIGGO, BOBBY
510 CARROLL AVE.
MAMARONECK, NY 10543

LONG TERM SOLUTIONS INC.
935 SOUTH LAKE BLVD.
SUITE 6
MAHOPAC, NY 10541

LOVE YOUR CARPET
72 CONGRESS ST.
HARRISON, NY 10528

M & N PARTY STORE
PO BOX 64784
SAINT PAUL, MN 55164

M & T LETTER OF CREDIT
PO BOX 62678
BALTIMORE, MD 21264

MASE ELECTRIC INC.
24 RUNYON AVE.
YONKERS, NY 10710

MASS MUTUAL RETIREMENT PLAN
1295 STATE STREET
SPRINGFIELD, MA 01111

MCCULLOUGH GOLDBERGER & STAUD
1311 MAMARONECK AVE.
SUITE 340
WHITE PLAINS, NY 10605

MED WORLD PHARM OMNI
DEPT. 781668
PO BOX 78000
DETROIT, MI 48278-1668

MED-PAT INC.
31 RIORDAN PLACE
SHREWSBURY, NJ 07702

MEDLINE INDUSTRIES
PO BOX 382075
PITTSBURGH, PA 15251-8075

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SYRACUSE, NY 13202

MERCADO, MARIA SCAROS
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DANBURY, CT 06810

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7 CHESTNUT ST.
LAKE PEEKSKILL, NY 10537

MFRS. & TRADERS TRUST CO.
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SYRACUSE, NY 13202

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5 MAIN ST.
PURDYS, NY 10578

MILLARD, GEROGANNE
PO BOX 298
PURCHASE, NY 10577

MILLENNIUM TRUST COMPANY, LLC
ATTN: RUDY GUTIERREZ
2001 SPRING ROAD, SUITE 700
OAK BROOK, IL 60523

MMS EXTENDED CARE
A MEDICAL SUPPLY
PO BOX 826627
PHILADELPHIA, PA 19182-6627

MOSES, RONALD
116 JOHN ST. 15TH FLOOR
MARSHALL #10
NEW YORK, NY 10038

MR. MICA CORP.
72 CROTTY AVE.
YONKERS, NY 10704

MUSIC CONSERVATORY OF WC
216 CENTRAL AVE.
WHITE PLAINS, NY 10606

N&S FUEL INC.
40 BROADWAY
HAWTHORNE, NY 10532

NIXON PEABODY LLP
1300 CLINTON AVENUE
ROCHESTER, NY 14604

NOBLER, MITCHELL
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NORTHEAST GENERATOR CO.
596 JOHN ST.
BRIDGEPORT, CT 06604

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KIMBERTON, PA 19442

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ALBANY, NY 12206

NYS DEPT. OF LABOR UI DIV
COLLECTION UNIT BLDG #12
ROOM 256
ALBANY, NY 12240

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NYS ADULT DAY SERVICE ASSOC.
1450 WESTERN AVE. STE. 1
ALBANY, NY 12203

ON POINT PARTNERS
234 SILVERLAKE BLVD.
CARLE PLACE, NY 11514

OPEN SYSTEMS METRO NY, INC.
258 ROUTE 117 BY-PASS RD.
BEDFORD HILLS, NY 10507

OPEN TEXT INC.
JP MORGAN LOCKBOX
24685 NETWORK PLACE
CHICAGO, IL 60673-1246

ORTIZ, MIRIAM
555 BRONX RIVER RD.
APT. 3H
YONKERS, NY 10704

OTIS ELEVATOR CO.
PO BOX 13898
NEWARK, NJ 07188-8980

OUELLETTE, JOHN
95-117 RAVINE AVE.
APT. RF3E
YONKERS, NY 10701

PATEL, BANSARI
4 SPRINGDALE RD.
SCARSDALE, NY 10583

PATIENT CARE ASSOCIATES INC.
141 HALSTEAD AVE.
MAMARONECK, NY 10543

PECKAR & ABRAMSON
70 GRAND AVE.
RIVER EDGE, NJ 07661

PHOENIX MECHANICAL CORP
26 VREELAND AVE.
ELMSFORD, NY 10523

PITI, RICHARD
2523 WESTERVELT AVE.
BRONX, NY 10469

PITNEY BOWES INC RENTAL
PO BOX 371896
PITTSBURGH, PA 15250-7896

POLAND SPRING
PO BOX 856192
LOUISVILLE, KY 40285-6192

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PO BOX 101241
ATLANTA, GA 30392-1241

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16 LISPENAE AVE.
NEW ROCHELLE, NY 10801

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DALLAS, TX 75320-5325

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WHITE PLAINS, NY 10607

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ALBANY, NY 12203

ROEMER WALLENS GOLD & MINEAUX
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2500 FIRST FINANCIAL CENTER
255 EAST FIFTH ST.
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RTO WESTCHESTER
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STERICYCLE INC.
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WHITE PLAINS, NY 10602-5102

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TRC
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TYCO INTEGRATED SECURITY LLC
PO BOX 371967
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UNITEX TEXTILE RENTAL SERVICES
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SOUTH WINDSOR, CT 06074

VERIZON
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ALBANY, NY 12212-5124

VERIZON WIRELESS
P.O. BOX 408
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120 DREISER LOOP
BLDG 9B
BRONX, NY 10475

W. MEADOWS RESIDENT COUNCIL
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VALHALLA, NY 10595

WALKABOUT CLEARWATER CHORUS
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BEACON, NY 12508

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BRONX, NY 10466

WEEKS-LERMAN (WINGARD)
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MASPETH, NY 11378

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YONKERS, NY 10701

WESTCHESTER CO. DOH
145 HUGUENOT ST. #8
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162-164 EAST AVENUE B -1632
NORWALK, CT 06851-5715

YONKERS CARPETING
1059 SAW MILL RIVER RD.
YONKERS, NY 10710

ZATZ, MARVIN
47 SOUTH BEACH DRIVE
NORWALK, CT 06853

**United States Bankruptcy Court
Southern District of New York**

In re **Hebrew Hospital Senior Housing Inc.**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Hebrew Hospital Senior Housing Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

December 9, 2015

Date

/s/ Raymond L. Fink

Raymond L. Fink

Signature of Attorney or Litigant

Counsel for **Hebrew Hospital Senior Housing Inc.**

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